



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E248030**

|                                      |   |   |
|--------------------------------------|---|---|
| INTERSTATE <input type="checkbox"/>  | CITY STREET <input checked="" type="checkbox"/> | FIRE RESULTED <input type="checkbox"/>      |
| STATE ROUTE <input type="checkbox"/> | OTHER <input type="checkbox"/>                  | STOLEN VEHICLE <input type="checkbox"/>     |
| COUNTY RD <input type="checkbox"/>   | PRIVATE WAY <input type="checkbox"/>            | HIT & RUN INVOLVED <input type="checkbox"/> |

CASE # **13-01334**

LOCAL AGENCY CODING

TOTAL # OF UNITS **02** OBJECT STRUCK **RETAINING WALL**

TRIBAL RESERVATION

DATE OF COLLISION **06** - **01** - **2013** TIME (2400) **1914** COUNTY # **31** MILES **00** CITY # **0664**  
N ☐ E ☐ IN ☒ S ☐ W ☐ OF

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒  
**91ST AVE NE** BLOCK NO. ☒ **300**  
MILE POST

DISTANCE **300** **00** MILES ☐ N ☒ E ☐ OF (REFERENCE OR CROSS STREET) **MARKET PLACE**  
FEET ☒ S ☐ W ☐

UNIT 01 MOTOR VEHICLE ☒ PEDAL CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 4253458470**

LAST NAME **JOHNSON** FIRST NAME **JAIMI** MIDDLE INITIAL **A**

STREET NEW ADDRESS **9025 10TH PL SE**

CITY **LAKE STEVENS** ST **WA** ZIP **98258**

ODL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **JOHNSJA165PP** STATE **WA** SEX **F** D.O.B. **10** - **17** - **1984**

ON DUTY ☐ STATUS ☐ AIRBAG **3** RESTR. **4** EJECT **1** HELMET USE **2** INJURY CLASS **6** NATURE OF INJURIES **NECK PAIN**

LICENSE PLATE # **B20064C** STATE **WA** VIN# **1GTEK19T1XE503424**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **1999** MAKE **GMC** MODEL **K1PU** STYLE **VEHICLE TOWED** YES ☐ NO ☒ TOWED BY **GOVT. VEHICLE** YES ☐ NO ☒

REGISTERED OWNER INFO. **VEHICLE NO. 1** SHADE IN DAMAGED AREA

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY # **VEHICLE LEGALLY STANDING** YES ☐ NO ☐ CITATION # **CHARGE**

UNIT 02 MOTOR VEHICLE ☒ PEDAL CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE

LAST NAME **UNKNOWN** FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY ST ZIP

ODL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # STATE SEX **U** D.O.B. - -

ON DUTY ☐ STATUS ☐ AIRBAG **9** RESTR. **9** EJECT **9** HELMET USE **9** INJURY CLASS **0** NATURE OF INJURIES

LICENSE PLATE # **015VLJ** STATE **WA** VIN# **1MEFM50S2WG623566**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **1998** MAKE **MERC** MODEL **SABLE** STYLE **4T** VEHICLE TOWED YES ☐ NO ☒ TOWED BY **GOVT. VEHICLE** YES ☐ NO ☒

REGISTERED OWNER INFO. **VEHICLE NO. 2** SHADE IN DAMAGED AREA

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **PATRIOT 475851324** VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # **CHARGE**

OFFICER'S NAME (PRINT) **M. HINGTGEN** BADGE OR ID # **126** AGENCY **WA0311900**



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E248030**

CASE # **13-01334**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

|                                       |                                     |  |                                     |        |    |              |      |        |   |        |   |       |   |               |   |                 |   |                    |  |  |
|---------------------------------------|-------------------------------------|--|-------------------------------------|--------|----|--------------|------|--------|---|--------|---|-------|---|---------------|---|-----------------|---|--------------------|--|--|
| NAME<br>(LAST, FIRST, MIDDLE INITIAL) |                                     | <b>WHITNEY KORYN D</b>                                   |                                     |        |    |              |      |        |   |        |   |       |   |               |   |                 |   |                    |  |  |
| ADDRESS & PHONE #                     |                                     | <b>9025 10TH PL SE LAKE STEVENS WA 98258 4253458470</b>  |                                     |        |    |              |      |        |   |        |   |       |   |               |   |                 |   |                    |  |  |
| SEX                                   | M                                   | D.O.B.<br>MMDDYYYY                                       | 08                                  |        | 02 |              | 2011 |        |   |        |   |       |   |               |   |                 |   |                    |  |  |
| PASSENGER                             | <input checked="" type="checkbox"/> | WITNESS  | <input type="checkbox"/>            | UNIT # | 1  | SEAT<br>POS. | 9    | AIRBAG | 5 | RESTR. | 5 | EJECT | 1 | HELMET<br>USE | 2 | INJURY<br>CLASS | 1 | NATURE OF INJURIES |  |  |
| NAME<br>(LAST, FIRST, MIDDLE INITIAL) |                                     | <b>BEAL CHRISTINA</b>                                    |                                     |        |    |              |      |        |   |        |   |       |   |               |   |                 |   |                    |  |  |
| ADDRESS & PHONE #                     |                                     | <b>1419 72ND AVE SE LAKE STEVENS WA 98258 4253779450</b> |                                     |        |    |              |      |        |   |        |   |       |   |               |   |                 |   |                    |  |  |
| SEX                                   | F                                   | D.O.B.<br>MMDDYYYY                                       | 06                                  |        | 25 |              | 1979 |        |   |        |   |       |   |               |   |                 |   |                    |  |  |
| PASSENGER                             | <input type="checkbox"/>            | WITNESS  | <input checked="" type="checkbox"/> | UNIT # |    | SEAT<br>POS. |      | AIRBAG |   | RESTR. |   | EJECT |   | HELMET<br>USE |   | INJURY<br>CLASS |   | NATURE OF INJURIES |  |  |
| NAME<br>(LAST, FIRST, MIDDLE INITIAL) |                                     | <b>MOSER ALLISON T</b>                                   |                                     |        |    |              |      |        |   |        |   |       |   |               |   |                 |   |                    |  |  |
| ADDRESS & PHONE #                     |                                     | <b>8903 19TH PL SE LAKE STEVENS WA 98258 4257742650</b>  |                                     |        |    |              |      |        |   |        |   |       |   |               |   |                 |   |                    |  |  |
| SEX                                   | F                                   | D.O.B.<br>MMDDYYYY                                       | 11                                  |        | 15 |              | 1961 |        |   |        |   |       |   |               |   |                 |   |                    |  |  |
| PASSENGER                             | <input type="checkbox"/>            | WITNESS  | <input checked="" type="checkbox"/> | UNIT # |    | SEAT<br>POS. |      | AIRBAG |   | RESTR. |   | EJECT |   | HELMET<br>USE |   | INJURY<br>CLASS |   | NATURE OF INJURIES |  |  |

NARRATIVE

Veh #1 as driving northbound on 91st Ave NE. In approximately the 400 blk, Veh #1 veered to the left, crossing over a center turn lane and the southbound lane. The vehicle continued to veer left and struck a brick retaining wall. Veh #1 continued through the brick wall and struck the passenger side of Veh #2. Veh #2 was legally parked in the parking lot of 328 91st Ave NE. Driver of Veh #1 was transported to hospital complaining of neck pain. Infant passenger of Veh #1 was checked by aid and was determined to have no apparent injuries. Veh #2 was not occupied.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**M. HINGTGEN**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

**06-01-13 09:29 PM**

DATED

PLACE SIGNED

APPROVED BY

**FRANKLIN NELSON 116**

DATE

**6/4/2013 4:36:53 AM**

BADGE OR ID #

**126**

ORI #

**WA0311900**

TIME POLICE DISPATCHED

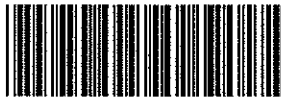
**7:15 PM**

TIME POLICE ARRIVED

**7:16 PM**



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E248030**

CASE # **13-01334**

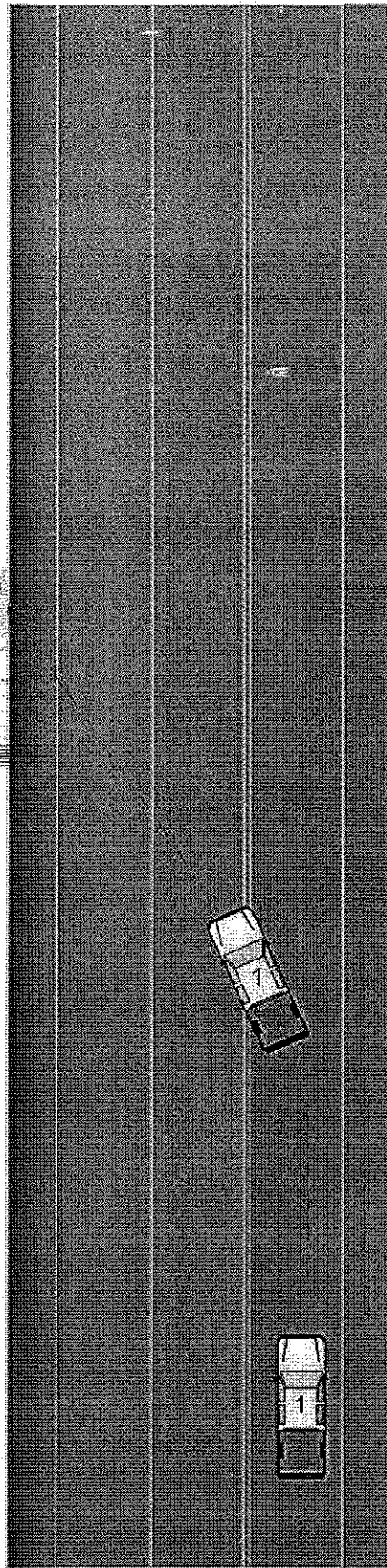
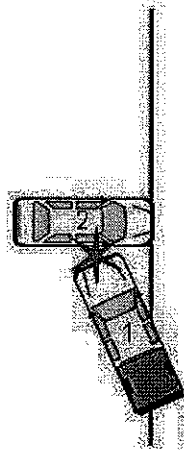
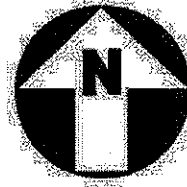
| ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY) |                          |   |                                     |        |          |                    |           |           |             |        |  |       |  |               |  |                 |  |                    |  |
|--|--------------------------|---|-------------------------------------|--------|----------|--------------------|-----------|-----------|-------------|--------|--|-------|--|---------------|--|-----------------|--|--------------------|--|
| NAME<br>(LAST, FIRST, MIDDLE INITIAL)                          |                          | <b>WILLS STACY</b>                                      |                                     |        |          |                    |           |           |             |        |  |       |  |               |  |                 |  |                    |  |
| ADDRESS & PHONE #  |                          | <b>8113 2ND PL SE LAKE STEVENS WA 98258 4253346465</b>  |                                     | SEX    | <b>F</b> | D.O.B.<br>MMDDYYYY | <b>09</b> | <b>23</b> | <b>1977</b> |        |  |       |  |               |  |                 |  |                    |  |
| PASSENGER  | <input type="checkbox"/> | WITNESS   | <input checked="" type="checkbox"/> | UNIT # |          | SEAT<br>POS.       |           | AIRBAG    |             | RESTR. |  | EJECT |  | HELMET<br>USE |  | INJURY<br>CLASS |  | NATURE OF INJURIES |  |
| NAME<br>(LAST, FIRST, MIDDLE INITIAL)                          |                          | <b>HAWRYLUK ANN M</b>                                   |                                     |        |          |                    |           |           |             |        |  |       |  |               |  |                 |  |                    |  |
| ADDRESS & PHONE #  |                          | <b>1414 72ND DR SE LAKE STEVENS WA 98258 3608401526</b> |                                     | SEX    | <b>F</b> | D.O.B.<br>MMDDYYYY | <b>12</b> | <b>20</b> | <b>1979</b> |        |  |       |  |               |  |                 |  |                    |  |
| PASSENGER  | <input type="checkbox"/> | WITNESS   | <input checked="" type="checkbox"/> | UNIT # |          | SEAT<br>POS.       |           | AIRBAG    |             | RESTR. |  | EJECT |  | HELMET<br>USE |  | INJURY<br>CLASS |  | NATURE OF INJURIES |  |
| NAME<br>(LAST, FIRST, MIDDLE INITIAL)                          |                          |   |                                     |        |          |                    |           |           |             |        |  |       |  |               |  |                 |  |                    |  |
| ADDRESS & PHONE #  |                          |   |                                     | SEX    |          | D.O.B.<br>MMDDYYYY |           |           |             |        |  |       |  |               |  |                 |  |                    |  |
| PASSENGER  | <input type="checkbox"/> | WITNESS   | <input type="checkbox"/>            | UNIT # |          | SEAT<br>POS.       |           | AIRBAG    |             | RESTR. |  | EJECT |  | HELMET<br>USE |  | INJURY<br>CLASS |  | NATURE OF INJURIES |  |

**NARRATIVE**

Veh #1 as driving northbound on 91st Ave NE. In approximately the 400 blk, Veh #1 veered to the left, crossing over a center turn lane and the southbound lane. The vehicle continued to veer left and struck a brick retaining wall. Veh #1 continued through the brick wall and struck the passenger side of Veh #2. Veh #2 was legally parked in the parking lot of 328 91st Ave NE. Driver of Veh #1 was transported to hospital complaining of neck pain. Infant passenger of Veh #1 was checked by aid and was determined to have no apparent injuries. Veh #2 was not occupied.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

|   |                   |                                    |                  |
|---|-------------------|------------------------------------|------------------|
| <b>M. HINGTGEN</b>                        |                   | <b>06-01-13 09:29 PM</b>           |                  |
| INVESTIGATING OFFICER'S SIGNATURE         | UNIT OR DIST. DET | DATED                              | PLACE SIGNED     |
| APPROVED BY<br><b>FRANKLIN NELSON 116</b> |                   | DATE<br><b>6/4/2013 4:36:53 AM</b> |                  |
| BADGE OR ID #                             | <b>126</b>        | ORI #                              | <b>WA0311900</b> |
| TIME POLICE DISPATCHED                    |                   | <b>7:15 PM</b>                     |                  |
| TIME POLICE ARRIVED                       |                   | <b>7:16 PM</b>                     |                  |



91st Ave NE

# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER

13-0334

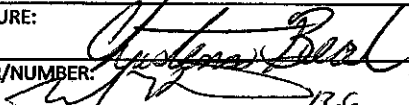
### VICTIM / WITNESS

|                                    |  |                    |     |   |                 |              |    |        |      |      |
|------------------------------------|--|--------------------|-----|---|-----------------|--------------|----|--------|------|------|
| NON-DISC <input type="checkbox"/>  | NAME (LAST, FIRST MIDDLE)<br>Beal, Christina | RACE<br>C          | ETH | SEX<br>F                                | DOB<br>06/25/79 | AGE<br>33    | IG | ANG    | SMIR | SEES |
| STREET ADDRESS<br>1419 72nd Ave SE |  | CITY<br>Lk Stevens |     | STATE<br>WA                             |                 | ZIP<br>98258 |    | STATUS |      |      |
| HOME PHONE<br>(425) 377-9450       |  | CELL PHONE         |     | PLACE OF EMPLOYMENT<br>stay at home mom |                 |              |    |        |      |      |
| WORK PHONE                         |  | EMAIL ADDRESS      |     |   |                 |              |    |        |      |      |

I, \_\_\_\_\_, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

Vehicle was headed north on 94th and took a sharp left turn into brick wall at Hillcrest Townhouse apartments and slammed into parked car at 7:15 pm (ish). Helped remove 22 mo old male from car, kept in carseat to reduce movement, but undid chest clip to help calm child. Carseat was installed in rear passenger side forward facing.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

|   |                        |                                 |
|---|------------------------|---------------------------------|
| SIGNATURE:<br> | DATE SIGNED<br>6/11/13 | LOCATION SIGNED<br>94th Drive   |
| OFFICER/NUMBER:<br>RCG  | DATE SIGNED<br>6/3/13  | LOCATION SIGNED<br>LAKE STEVENS |

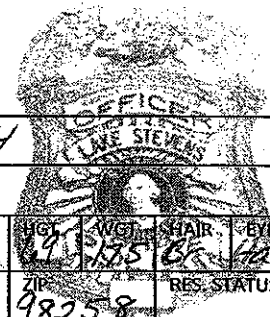
"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

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# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER *13-01334*



### VICTIM / WITNESS

|  |   |   |                  |                                      |                        |                     |                     |                   |                   |                   |
|--|---|---|------------------|--------------------------------------|------------------------|---------------------|---------------------|-------------------|-------------------|-------------------|
| NON-DISC <input type="checkbox"/>        | NAME (LAST, FIRST MIDDLE)<br><i>HAWRYLUK, ANN MARIE</i> | RACE<br><i>Wh</i>                             | ETH<br><i>Wh</i> | SEX<br><i>F</i>                      | DOB<br><i>12-20-79</i> | AGE<br><i>33</i>    | HGT<br><i>5'11"</i> | WGT<br><i>135</i> | HAIR<br><i>Br</i> | EYES<br><i>Bl</i> |
| STREET ADDRESS<br><i>1414 72nd Dr SE</i> |   | CITY<br><i>Lake Stevens</i>                   |                  | STATE<br><i>WA</i>                   |                        | ZIP<br><i>98258</i> |                     | RES. STATUS       |                   |                   |
| HOME PHONE<br><i>N/A</i>                 |   | CELL PHONE<br><i>360-840-1526</i>             |                  | PLACE OF EMPLOYMENT<br><i>Amazon</i> |                        |                     |                     |                   |                   |                   |
| WORK PHONE                               |   | EMAIL ADDRESS<br><i>am.hawryluk@gmail.com</i> |                  |                                      |                        |                     |                     |                   |                   |                   |

I, \_\_\_\_\_, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

~~Unit~~ Vehicle, white Chevy truck was headed northbound and in middle lane on 94th. Vehicle suddenly swerved left and impacted brick wall in front of Hillcrest Townhouse Apartments. At this time, vehicle impacted a parked white Mercury Sable in front of apartment homes. The accident took place at approximately 1915 on Saturday, June 1st. ~~Unit~~

*NFTR  
AM Hawryluk  
6/1/2013*

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

|   |                                |  |
|---|--------------------------------|--|
| SIGNATURE: <i>AM Hawryluk</i>             | DATE SIGNED<br><i>6/1/2013</i> | LOCATION SIGNED<br><i>94th St., Lake Stevens</i> |
| OFFICER/NUMBER<br><i>[Signature] 1206</i> | DATE SIGNED<br><i>6/3/13</i>   | LOCATION SIGNED<br><i>LAKE STEVENS</i>           |

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER

1334

### VICTIM / WITNESS

|                                   |  |  |          |                     |           |              |            |                |              |
|-----------------------------------|--|--|----------|---------------------|-----------|--------------|------------|----------------|--------------|
| NON-DISC <input type="checkbox"/> | NAME (LAST, FIRST MIDDLE)<br>Stacy Wills | RACE<br>White                          | ETH<br>F | DOB<br>9-28-77      | AGE<br>35 | HGT<br>5'10" | WGT<br>142 | HAIR<br>Blonde | EYES<br>Blue |
| STREET ADDRESS<br>8113 2nd Pl SE  |  | CITY<br>Lake Stevens                   |          | STATE<br>WA         |           | ZIP<br>98288 |            | RES STATUS     |              |
| HOME PHONE<br>(425) 324-6465      |  | CELL PHONE<br>(425) 327-5606           |          | PLACE OF EMPLOYMENT |           |              |            |                |              |
| WORK PHONE<br>(425) 258-4941      |  | EMAIL ADDRESS<br>Linussard@hotmail.com |          |                     |           |              |            |                |              |

I, \_\_\_\_\_, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY : (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

A couple cars behind. She was going 30-35. Just veered off the road. Did not even put her brakes on. We pulled her kid out of the car. The mother was just freaking out.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

|                                  |                       |                                 |
|----------------------------------|-----------------------|---------------------------------|
| SIGNATURE:<br><i>Stacy Wills</i> | DATE SIGNED<br>6-1-13 | LOCATION SIGNED                 |
| OFFICER/NUMBER:<br><i>129</i>    | DATE SIGNED<br>6/3/13 | LOCATION SIGNED<br>LAKE STEVENS |

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

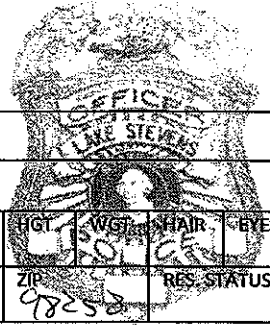
PAGE 1 OF 1

# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER

1334



### VICTIM / WITNESS

|                                   |   |                                       |     |   |                 |              |             |            |             |             |
|-----------------------------------|---|---------------------------------------|-----|---|-----------------|--------------|-------------|------------|-------------|-------------|
| NON-DISC <input type="checkbox"/> | NAME (LAST, FIRST MIDDLE)<br>Moser, Allison T | RACE<br>W                             | ETH | SEX<br>F                                  | DOB<br>11/15/61 | AGE<br>51    | HGT<br>5'8" | WGT<br>135 | HAIR<br>BLK | EYES<br>GRN |
| STREET ADDRESS<br>8903 19th Pl SE |   | CITY<br>Lake Stevens                  |     | STATE<br>WA                               |                 | ZIP<br>98252 |             | RES STATUS |             |             |
| HOME PHONE                        |   | CELL PHONE<br>425 248 8365            |     | PLACE OF EMPLOYMENT<br>Paget Sound Gastro |                 |              |             |            |             |             |
| WORK PHONE<br>425 774 2650        |   | EMAIL ADDRESS<br>allison2-t@yahoo.com |     |   |                 |              |             |            |             |             |

I, Allison Moser, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was behind the white truck going 30 mph when the truck just veered out of the lane to the left, no brake lights and smashed into a brick wall, over the garden and hit a parked car in a parking lot. It appeared there was nothing she was trying to avoid hitting.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

|                                       |                        |                                 |
|---------------------------------------|------------------------|---------------------------------|
| SIGNATURE:<br><u>Allison Moser</u>    | DATE SIGNED<br>6/11/13 | LOCATION SIGNED                 |
| OFFICER/NUMBER:<br><u>[Signature]</u> | DATE SIGNED<br>6/3/13  | LOCATION SIGNED<br>LAKE STEVENS |

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1